

The State of Delaware

Considerations for FY18 Changes

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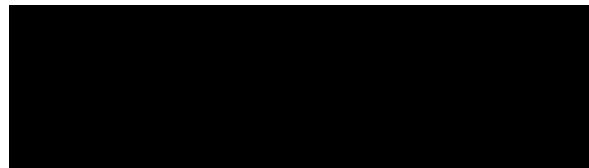
April 21, 2017

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Revisiting Strategic Framework Discussion

Previously Approved by the SEBC (in 2016)



GHIP goals – approved by SEBC

Tied to the GHIP mission statement

Mission Statement:

Offer State of Delaware employees, retirees and their dependents **adequate access** to **high quality healthcare that produces good outcomes...**



at an **affordable cost...**



promotes **healthy lifestyles**, and helps them be **engaged consumers.**



Goals:

- Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018
- Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020¹
- GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020²

¹ Gross trend is inclusive of total increase to GHIP medical plan costs (both “employer” and “employee”) and will be measured from a baseline average trend of 6% (based on a blend of the State’s actual experience and Willis Towers Watson market data).

² Note: To drive enrollment at this level, the State will need to make plan design and employee contribution changes that may require changes to the Delaware Code.

Framework for the health care marketplace

GHIP strategies – *Linked to GHIP goals*

	Health Care Services	Health Status of the Population
Providers	Provider Care Delivery <ul style="list-style-type: none"> ■ Evaluate the availability of VBCD models where GHIP participants reside ○ Continue managing medical TPA(s) 	Provider-led Health and Wellness Initiatives <ul style="list-style-type: none"> ■ Leverage other health-related initiatives in Delaware ○ Continue managing medical TPA(s)
Participants	Participant Care Consumption <ul style="list-style-type: none"> ○ Implement changes to GHIP medical plan options and price tags ▲ Ensure members understand benefit offerings and value provided ▲ Offer meaningfully different medical plan options to meet the diverse needs of GHIP participants 	Participant Engagement in Health and Wellness <ul style="list-style-type: none"> ○ Offer and promote resources that will support member efforts to improve and maintain their health ▲ Drive GHIP members' engagement in their health ■ Encourage member awareness of tools to evaluate provider quality
Group Health Insurance Program		

Goals:

- Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018
- Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020¹
- ▲ GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020²

■ Supply
■ Demand

Multi-year framework

Goal	To prepare for 2018 and beyond (7/1/16 – 6/30/2017)	To prepare for 2019 and beyond (7/1/17 – 6/30/2018)	To prepare for 2020 and beyond (7/1/18 – 6/30/2019)
Addition of at least 1 value-based care delivery (VBCD) model by end of FY2018	<ul style="list-style-type: none"> ★ Evaluate local provider capabilities to deliver VBCD models via medical third party administrator (TPA) RFP <ul style="list-style-type: none"> State-sponsored Health Clinic Request for Information (RFI) ★ Implementation of VBCD models from RFP (including COEs) <ul style="list-style-type: none"> Evaluation of clinical data to implement more value-based chronic disease programs ★ Promote medical plan TPAs' provider cost/quality transparency tools 	<ul style="list-style-type: none"> ★ Implementation of VBCD models from RFP (including COEs) <ul style="list-style-type: none"> Look for leveraging opportunities with the DCHI and DHIN to partner on promotion of value based networks (including APCD initiative) Identify opportunities to partner and encourage participation in VBCD models using outside vendors, TPAs and DelaWELL Educate GHIP population on other provider quality tools from CMS, Health Grades, Leapfrog, etc. 	<ul style="list-style-type: none"> Continue to monitor and evaluate VBCD opportunities
Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020	<ul style="list-style-type: none"> ★ Negotiate strong financial performance guarantees ★ Select vendor(s) with most favorable provider contracting arrangements ★ Select vendor(s) that can best manage utilization and population health ★ Evaluate bidder capabilities surrounding Centers of Excellence via medical TPA RFP <ul style="list-style-type: none"> Educate GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network) ★ Evaluate vendor capabilities surrounding UM/DM/CM* via medical TPA RFP <ul style="list-style-type: none"> Evaluate feasibility of reducing plan options and/or replacing copays with coinsurance* Educate GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics) Evaluate incentive opportunities through incentive-based activities and/or challenges Change certain plan inequities, e.g., double state share and Medicaid subsidy* 	<ul style="list-style-type: none"> ★ Explore and implement medical TPA programs, such as tiered pricing for lab services, high cost radiology UM* and other medical and Rx UM programs, where necessary <ul style="list-style-type: none"> Explore avenues for building "culture of health" statewide Continuation of education of GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network) Continuation of education of GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics) Continuation of the evaluation of feasibility of reducing plan options and/or replacing copays with coinsurance—based on emerging market and value-based design* 	<ul style="list-style-type: none"> ★ Explore and implement medical TPA programs, such as tiered pricing for lab services, high cost radiology UM* and other medical and Rx UM programs, where necessary <ul style="list-style-type: none"> Continuation of education of GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network) Continuation of education of GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics) Continuation of the evaluation of feasibility of reducing plan options and/or replacing copays with coinsurance—based on emerging market and value-based design*
GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020	<ul style="list-style-type: none"> Launch healthcare consumerism website Roll out and promote SBO consumerism class to GHIP participants ★ Evaluate recommendations for creative ways to drive engagement and participation in consumer driven health plans via medical TPA RFP through leveraging vendor tools and technologies 	<ul style="list-style-type: none"> Offer a medical plan selection decision support tool (e.g., Truven's "My Benefits Mentor" tool) ★ Promote cost transparency tools available through medical TPA(s) Evaluate feasibility of offering incentives for engaging in wellness activities 	<ul style="list-style-type: none"> Change medical plan designs and employee/retiree contributions to further differentiate plan options* Change the number of medical plans offered*

*May require changes to the Delaware Code

★ Denotes activity through TPA RFP process

Goals:

- Addition of at least net 1 VBCD model by end of FY2018
- Reduction of gross GHIP trend by 2% by end of FY2020
- ▲ Enrollment in a CDHP or value-based plan >25% by end of FY2020

FY18 savings opportunities

Identified elements from the GHIP strategic framework

- Outlined below are selected areas of potential FY18 cost savings from the GHIP strategic framework:
 - Savings shown below represent adoption during FY18 but do not capture future opportunities for additional savings beyond FY18 (i.e., trend reduction in FY19 and later). Savings for elements implemented 1/1/2018 represent 6 month impact (1/1/2018 – 6/30/2018).

Opportunities Already Decided for FY18

Element	GHIP Goals	Description	FY18 Savings
Reduction of Administrative Fees through Medical TPA RFP ¹	○	The Medical TPA RFP resulted in reduced administrative fees for all plans and elimination of two plan options (Highmark HMO and Highmark CDH Gold)	\$1.5M
Addition of Value-Based Care Models ²	■○▲	Participation in vendor value-based care models, including Aetna (AIM) and Highmark (True Performance) will yield savings through risk sharing arrangements and better management of populations	\$1.6M
Improved Consumerism as a Result of Decision Support ³	▲○	Increasing decision support through education and marketing of health plan options may yield savings by making State employees better health care consumers	\$4.4M
Enhanced Highmark Clinical Management Program ⁴	○	Adoption of enhanced program for clinical management (CCMU)	\$5.5M - \$7.4M
Implementation of US Imaging ⁵	○	Adoption of US Imaging high tech radiology utilization management program with Aetna	\$0.2M - \$0.9M
Total Savings			\$13.2M - \$15.8M

Additional Opportunities for FY18

Element	GHIP Goals	Description	Member Impact	FY18 Savings
Plan Design Modifications	▲○	Add deductible to HMO and PPO plans (ranging \$50 single / \$100 family to \$500 single / \$1,000 family). Savings modeled assume 1/1/18 implementation	Increasing impact as higher deductibles are added	\$1.3M - \$10.3M (gross savings)
Increase Premium Cost Sharing	○	Increase premium cost sharing by 1%, 2%, or 3% for active employees and pre-65 retirees effective 1/1/2018	Increased payroll contributions	\$3.4M - \$10.1M
Special Medicfill Plan Modification	○	Elimination of contribution inequity for members who currently pay no monthly premium for the special Medicfill plan. This change would require these pensioners to pay 5% of the special Medicfill plan.	Increased payroll contributions	\$5.6M
Elimination of Double State Share ⁶	○	Employees and retirees who are married would no longer be eligible for reduced contributions. These members would be treated the same as other GHIP members.	Increased payroll contributions	\$3.5M
Total Savings				\$13.8M – \$29.5M

¹ Administrative Fees for FY18 exclude additional fees for value-based care models (AIM and True Performance). Savings reflects migration from Highmark HMO and Highmark CDH to other plan options.

² Savings net of risk sharing payments, Care Link and True Performance program fees.

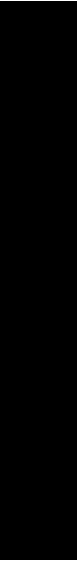
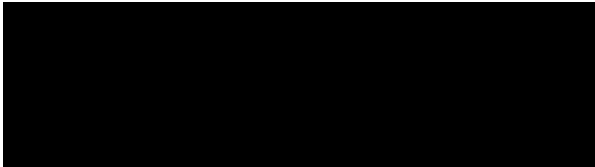
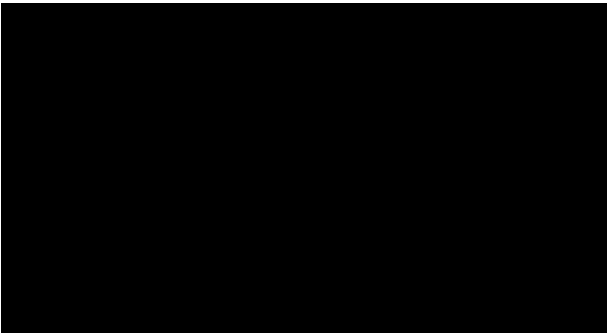
³ Decision support savings are a high-level estimate, assuming 1% reduction in medical claim costs for Active population—these savings are not explicitly built into FY18 projections

⁴ Savings estimate based on Highmark FY18 plans only. Excludes savings for enhanced clinical management through Aetna AIM. Savings net of administrative fees.

⁵ Savings estimate provided by US Imaging. Range reflects the degree to which current Highmark HMO/CDH enrollees migrate into Aetna plans for FY18 (i.e., 0% - 75% migration into Aetna plans), and assumes 25% of total Aetna-enrolled population uses the US Imaging program.

⁶ Estimated savings would be a reduction to the State General Fund budget and not the GHIP (the GHIP receives the full premium for DSS participants and the employer group's state share contribution to the GHIP is increased by the difference between the total premium and the \$25.00 the employee pays; therefore, there is no savings impact to the GHIP but a savings to the employer group's personnel costs).

Benchmarking



State benchmarking *(based upon publically available data)*

Relative benefit value (RBV)

	GHIP		NJ		MD		PEBTF	
Plan Type	# of plans	RBV	# of plans	RBV	# of plans	RBV	# of plans	RBV
PPO	2	0.96 ¹	5	0.92	1	0.93	2	0.93
HMO	1	0.97	5 ²	0.95	2 ²	0.97	1	0.98
CDHP	1	0.96 ³	2	0.82 ⁴	-	-	-	-
Program RBV⁵	4	0.97	12	0.92	3	0.96	3	0.95

- The GHIP program composite relative benefit value more generous than the peer group
- The GHIP and the State of New Jersey provide the richest PPO plans at 0.97 relative benefit value⁶
- The GHIP's Aetna HMO plan design is comparable to the richest HMOs offered across the benchmark
- The CDH Gold plan is the most generous consumer driven health plan (CDHP) design offered with 0.96 relative benefit value, compared to New Jersey's CDHPs at 0.88⁴ and 0.76 RBVs

Note:

- Peer group RBVs are based on calendar year 2017 plan designs
 - PEBTF – Pennsylvania Employees Benefit Trust Fund
1. Relative benefit value shown is a weighted average, based on the First State and Comprehensive PPO enrollment distribution from the November 2016 census
2. Includes one EPO plan
3. Relative benefit value accounts for employer provided contribution to employee's health reimbursement arrangement (HRA)

4. Relative benefit value accounts for employer provided contribution to employee's health savings account (HSA); employer HSA contribution only for HD1500 plan subscribers
5. The GHIP program relative benefit value is a weighted average based on the enrollment distribution from the November 2016 census provided by Truven. Peer group relative benefit values are calculated using a straight average, as employee enrollment distribution was not available
6. GHIP's Comprehensive PPO (0.97) and state of New Jersey's Aetna Freedom 10/NJ DIRECT10 PPO (0.97)

State benchmarking *(based upon publically available data)*

Contribution as a percentage of premium rate equivalent

	GHIP		NJ ¹		MD ²		PEBTF ³	
Plan Type	# of plans	% contrib.	# of plans	% contrib.	# of plans	% contrib.	# of plans	% contrib.
PPO	2	12.7% ⁴	5	9.1%	1	20.0%	2	4.2%
HMO	1	6.5%	5 ⁵	9.1%	2 ⁵	16.6%	1	0.0%
HDHP	1	5.0%	2	9.1%	-	N/A	-	N/A
Program % contrib.	4	10.0%⁶	12	9.1%	3	17.7%	3	2.8%

- For the HMO and the CDHP plans, the GHIP cost share is generally more generous than the cost share of the peer group, except when compared to the PEBTF; as noted on the previous page, the GHIP plan designs are generally richer than those offered by the peer group.
- Overall, the state of Maryland employees contribute a higher percentage of the premium rate equivalent than the employees in the peer group
- The state of New Jersey and the PEBTF have salary-based contributions in place

Note: PEBTF – Pennsylvania Employees Benefit Trust Fund

1. 2017 salary based contributions. Average contribution percentages shown by plan type represent an average of all coverage levels weighted by the GHIP's Active and COBRA coverage level distribution as of November 2016 and assume \$43k salary based on the GHIP's 2016 average salary to determine the non-discounted contribution percentages (Year 4 of four year phase-in agreement). Minimum required contribution is 1.5% of base salary. Salary based non-discounted contribution percentages range from 3% to 35% of the premium rate equivalent and vary by coverage level

2. Based on 2016 plan year rates and contributions. Average contribution percentages by plan type is a weighted average of all coverage levels, based on the GHIP's active and COBRA coverage level distribution as of November 2016

3. 2017 salary based contributions. 2017 Choice PPO contribution is 2.25% of base salary for employees completing wellness screening by 12/31/2016. Basic PPO plan and HMO plan options offered at no cost to employees only (at hire), after six months of employment free of charge coverage is extended to dependents. Average contribution shown for PPO plan type assumes completion of wellness screening (no surcharge of 30% of the lowest cost plan), date of hire prior to 8/2003 (no additional \$25 single/ \$50 family contribution charge on Choice PPO plan) and at least 6 months of employment (no family coverage surcharge). PPO composite contribution percentage shown includes Basic PPO (0%) and Choice PPO (8.4%)

4. PPO % contribution shown is a weighted average based on the First State PPO and Comprehensive PPO enrollment reported on the November 2016 census.

5. Includes one EPO plan

6. Program % contribution is a weighted average of the contribution percentages across plans and the enrollment distribution reported on the November 2016 census (excludes 257 POS plan subscribers and POS contribution percentage)

Health program details *(based upon publically available data)*

State of New Jersey

2017 Plan Year Provisions (In-Network)	Aetna Freedom 10 NJ DIRECT10	Aetna Freedom 15 NJ DIRECT15	Aetna Freedom 1525 NJ DIRECT1525	Aetna Freedom 2030 NJ DIRECT2030	Aetna Freedom 2035 NJ DIRECT2035	Aetna HMO Horizon HMO
Medical						
Individual Deductible	None	None	None	None	\$200 ¹	\$100 ³
Family Deductible	None	None	None	None	\$200 ¹	\$100 ³
Coinsurance	90%	90%	90%	90%	80% ¹	N/A
Individual Out-of-Pocket Maximum	\$400	\$5,720	\$5,720	\$5,720	\$5,720	\$5,720
Family Out-of-Pocket Maximum	\$1,000	\$11,440	\$11,440	\$11,440	\$11,440	\$11,440
Primary Care Physician Office Visit	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$10 copay ⁴
Specialist Office Visit	\$10 copay	\$15 copay	\$25 copay	\$30 copay ²	\$35 copay	\$10 copay ⁴
Prescription Drug through Medical Plan - Retail (30-day supply)⁵						
	Aetna Freedom 10	Aetna Freedom 15	Aetna Freedom 1525	Aetna Freedom 2030	Aetna Freedom 2035	Aetna HMO
Generic	\$5 copay	\$5 copay	\$7 copay	\$3 copay	\$5	\$5 copay
Brand Formulary	\$10 copay	\$10 copay	\$16 copay	\$18 copay	\$10	\$10 copay
Brand Non-Formulary	\$20 copay	\$20 copay	\$35 copay	\$46 copay ⁷	\$25	\$20 copay
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO
Generic	10%	10%	15%	15%	20%	\$5 copay
Brand Formulary	10%	10%	15%	15%	20%	\$10 copay
Brand Non-Formulary	10%	10%	15%	15%	20%	\$20 copay
SHBP/SEHBP Prescription Drug Plans - Retail (30-day supply)⁵						
Generic	\$3 copay	\$3 copay	\$7 copay	\$3 copay	\$7 copay	\$3 copay
Brand Formulary	\$10 copay	\$10 copay	\$16 copay	\$18 copay	\$21 copay	\$10 copay
Brand Non-Formulary	\$10 copay	\$10 copay ⁷	\$35 copay ⁷	\$46 copay ⁷	Member pays difference ^{6, 7}	\$10 copay ⁷
Relative Benefit Value (RBV)	97%	93%	92%	92%	87%	98%
Eligible Groups	Aetna Freedom 10 NJ DIRECT10	Aetna Freedom 15 NJ DIRECT15	Aetna Freedom 1525 NJ DIRECT1525	Aetna Freedom 2030 NJ DIRECT2030	Aetna Freedom 2035 NJ DIRECT2035	Aetna HMO Horizon HMO
Local Education - Active Employees	✓	✓	✓	✓	✓	✓
Local Government - Active Employees	✓	✓	✓	✓	✓	✓
State - Active Employees	✗	✓	✓	✓	✓	✓

Note: State Health Benefit Program (SHBP) and School Employees Health Benefit Program (SEHBP)

1. Applies to services that do not require a copayment

2. Children under 26 years of age pay \$20 copayment for specialist office visit

3. On select services only

4. State active employees: PCP/Specialist \$15 copay

5. Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan; local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan; state active employees receive drug coverage through the applicable SEHBP/SHBP Prescription Drug Plans.

6. Employee pays applicable generic copayment, plus the cost difference between the brand drug and the generic drug

7. State active employees pay applicable generic copayment, plus the cost difference between the brand drug and the generic drug

✓ Available

✗ Not Available

Health program details (based upon publically available data)

State of New Jersey (continued)

2017 Plan Year Provisions (In-Network)	Aetna Liberty ¹ Horizon OMNIA ¹	Aetna HMO1525 Horizon HMO 1525	Aetna HMO2030 Horizon HMO 2030	Aetna HMO2035 Horizon HMO 2035	Aetna Value HD1500 ⁵ NJ DIRECT HD1500 ⁵	Aetna Value HD4000 ⁵ NJ DIRECT HD4000 ⁵
Medical						
Individual Deductible	None	\$100 ³	\$100 ³	\$200 ²	\$1,500	\$4,000
Family Deductible	None	\$100 ³	\$100 ³	\$200 ²	\$1,500	\$4,000
Coinsurance	100%	N/A	N/A	80% ²	80% ²	80% ²
Individual Out-of-Pocket Maximum	\$2,500	\$5,720	\$5,720	\$5,720	\$2,500	\$5,000
Family Out-of-Pocket Maximum	\$5,000	\$11,440	\$11,440	\$11,440	\$5,000	\$10,000
Primary Care Physician Office Visit	\$5 copay	\$15 copay	\$20 copay	\$20 copay	80%	80%
Specialist Office Visit	\$15 copay	\$25 copay	\$30 copay ⁴	\$35 copay	80%	80%
Employer Contribution to Account	N/A	N/A	N/A	N/A	\$300 Ind./\$300 Fam.	None
Prescription Drug through Medical Plan - Retail (30-day supply)⁶						
	Aetna Liberty ¹ Horizon OMNIA ¹	Aetna HMO1525 Horizon HMO 1525	Aetna HMO2030 Horizon HMO 2030	Aetna HMO2035 Horizon HMO 2035	Aetna Value HD1500 ⁵ NJ DIRECT HD1500 ⁵	Aetna Value HD4000 ⁵ NJ DIRECT HD4000 ⁵
Generic	\$7 copay	\$7 copay	\$3 copay	\$7 copay	N/A	N/A
Brand Formulary	\$16 copay	\$16 copay	\$18 copay	\$21 copay	N/A	N/A
Brand Non-Formulary	\$35 copay	\$35 copay	\$46 copay	Member pays difference ⁸	N/A	N/A
SHBP/SEHBP Prescription Drug Plans - Retail (30-day supply)⁶						
Generic	\$7 copay	\$7 copay	\$3 copay	\$7 copay	Subject to deductible and 80% coinsurance	Subject to deductible and 80% coinsurance
Brand Formulary	\$16 copay	\$16 copay	\$18 copay	\$21 copay		
Brand Non-Formulary	\$35 copay ⁷	\$35 copay	\$46 copay	Member pays difference ⁸		
Relative Benefit Value (RBV)	98%	97%	96%	87%	88% ⁹	76%
Eligible Groups	Aetna Liberty Horizon OMNIA	Aetna HMO1525 Horizon HMO 1525	Aetna HMO2030 Horizon HMO 2030	Aetna HMO2035 Horizon HMO 2035	Aetna Value HD1500 NJ DIRECT HD1500	Aetna Value HD4000 NJ DIRECT HD4000
Local Education - Active Employees	✗	✓	✓	✓	✓	✗
Local Government - Active Employees	✓	✗	✗	✗	✓	✓
State - Active Employees	✓	✗	✗	✗	✓	✓

Note: State Health Benefit Program (SHBP) and School Employees Health Benefit Program (SEHBP)

1. Tier 1 of 2 shown

2. Applies to services that do not require a copayment

3. On select services only

4. Children under 26 years of age pay \$20 copayment for specialist office visit

5. High Deductible Health Plan; prescription drug coverage must be through the SEHBP medical plan and is subject to the plan's deductible and coinsurance amounts

6. Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan; local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan; state active employees receive drug coverage through the applicable SEHBP/SHBP Prescription Drug Plans.

7. State active employees pay applicable generic copayment, plus the cost difference between the brand drug and the generic drug

8. Employee pays generic copayment, plus the cost difference between the brand drug and the generic drug

9. Relative benefit value (RBV) accounts for \$300 yearly employer contribution to employee's health savings account (HSA)

✓ Available

✗ Not Available

Health program details *(based upon publically available data)*

State of Maryland

2017 Plan Year Provisions (In-Network)	HMO	PPO	EPO
Medical			
Individual Deductible	None	None	None
Family Deductible	None	None	None
Coinsurance	N/A	90%	100%
Individual Out-of-Pocket Maximum	\$1,500	\$2,000	\$1,500
Family Out-of-Pocket Maximum	\$3,000	\$4,000	\$3,000
Primary Care Physician Office Visit	\$15 copay ¹	\$15 copay	\$15 copay
Specialist Office Visit	\$15 copay	\$30 copay	\$30 copay
Prescription Drug - Retail (45-day supply)			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand Formulary	\$25 copay	\$25 copay	\$25 copay
Brand Non-Formulary	\$40 copay	\$40 copay	\$40 copay
Relative Benefit Value (RBV)	0.972	0.932	0.972
Eligible Groups			
Active Employees	✓	✓	✓
Non-Medicare Eligible Retirees	✓	✓	✓
Medicare Eligible Retirees	✓	✓	✓

1. Copayment waived for children under age 5

✓ Available
✗ Not Available

Health program details *(based upon publically available data)*

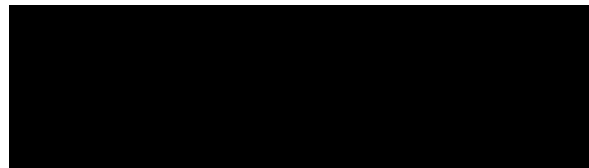
Pennsylvania Employees Benefit Trust Fund (PEBTF)

2017 Plan Year Provisions (In-Network)	Custom HMO ¹	Basic PPO	Choice PPO
Medical			
Individual Deductible	None	\$1,000	\$300
Family Deductible	None	\$2,000	\$600
Coinsurance	N/A	100%	100%
Individual Out-of-Pocket Maximum	\$7,150	\$7,150	\$7,150
Family Out-of-Pocket Maximum	\$14,300	\$14,300	\$14,300
Primary Care Physician Office Visit	\$5 copay	\$20 copay	\$20 copay
Specialist Office Visit	\$10 copay	\$40 copay	\$40 copay
Prescription Drug - Retail (30-day supply)			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand Formulary	\$20 copay ²	\$20 copay ²	\$20 copay ²
Brand Non-Formulary	\$40 copay ²	\$40 copay ²	\$40 copay ²
Relative Benefit Value (RBV)	0.976	0.916	0.953
Eligible Groups			
Active Employees	✓	✓	✓
Non-Medicare Eligible Retirees	✓	✓	✓

1. HMO plan provides a customized network of providers per region (Northeast, West, Central and Southeast Pennsylvania)
2. Member must pay the cost difference between brand and generic, when a generic is available

✓ Available
✗ Not Available

Continuation of Design and Contribution Modifications Discussion



Salary-banded contributions

- As the State considers increasing premium cost sharing for GHIP employees and pre-65 retirees, affordability has been raised as a concern
- To potentially alleviate the cost burden on lower-paid employees, the State may choose to explore moving to a salary-banded contribution structure, with cost sharing targets varying based on employee salary level
- Willis Towers Watson has modeled one potential salary-banded approach for the HMO plan, with the workforce broken into three salary bands: under \$35,000, \$35,000 to \$75,000, and over \$75,000
 - Analysis is based on a salary distribution for Merit employees only (average salary = \$43k¹); distribution of salary was allocated to the entire GHIP based on Merit employee distribution
 - Analysis assumes the State will maintain the same overall cost share for active employees (10.6%) as well as the same target contribution percentage for the HMO plan (6.5%)
- Consider how contributions would be determined for pre-65 retirees
- If the State would like to continue exploring salary banded contributions, Willis Towers Watson can refine cost analysis once additional GHIP salary information is available

¹ Merit salary distribution based on “2016 Salary Summary_wAverages” file provided by OMB 4/13/17

Based on expected enrollment used to develop FY18 budget; reflects final TPA RFP decisions and anticipated migration

Salary-banded contributions – illustrative only

- The following table provides employee only and family monthly contributions for the HMO plan under current approach, and an illustrative salary-banded approach assuming cost neutral to the State

HMO Illustrative Rates – Employee Only	Current		Salary Banded		Difference	
	Monthly Contribution	Cost Share %	Monthly Contribution	Cost Share %	\$	%
Less than \$35,000	\$47.16	6.50%	\$26.91	4%	-\$20.25	-43%
\$35,000 to \$74,999	\$47.16	6.50%	\$57.77	8%	\$10.61	22%
\$75,000 and greater	\$47.16	6.50%	\$88.63	12%	\$41.47	88%

HMO Illustrative Rates - Family	Current		Salary Banded		Difference	
	Monthly Contribution	Cost Share %	Monthly Contribution	Cost Share %	\$	%
Less than \$35,000	\$124.12	6.50%	\$70.79	4%	-\$53.33	-43%
\$35,000 to \$74,999	\$124.12	6.50%	\$151.98	8%	\$27.86	22%
\$75,000 and greater	\$124.12	6.50%	\$233.17	12%	\$109.05	88%

- Due to the high concentration of employees in lower salary bands, significant increases are needed in the higher bands to maintain cost neutrality
 - The State has flexibility to adjust the differential between highest and lowest salary bands
 - The State could also consider revising the current employee contribution percentages by plan to mitigate impact
- Further increasing the overall cost sharing target for 1/1/2018 or beyond would increase contributions across all salary bands

¹ Analysis based on salary distribution for Merit population (average salary \$43,000)

Based on expected enrollment used to develop FY18 budget; reflects final TPA RFP decisions and anticipated migration

Combination design/cost sharing scenarios

- The following table illustrates the FY18 State and General Fund savings associated with the following alternatives effective 1/1/18:
 - Add deductibles to the HMO and PPO plans, and
 - Increase the overall active/pre-65 retiree cost share by 1%, 2% and 3%

Deductible (single/family)	Current (10.6% Cost Share)		1% Increase (11.6% Cost Share)		2% Increase (12.6% Cost Share)		3% Increase (13.6% Cost Share)	
	State Total	General Fund ¹	State Total	General Fund ¹	State Total	General Fund ¹	State Total	General Fund ¹
Current Plan Design	\$0.0 M	\$0.0 M	\$3.4 M	\$2.2 M	\$6.7 M	\$4.4 M	\$10.1 M	\$6.5 M
\$50 / \$100	\$1.2 M	\$0.7 M	\$4.4 M	\$2.8 M	\$7.7 M	\$5.0 M	\$11.1 M	\$7.2 M
\$100 / \$200	\$2.1 M	\$1.4 M	\$5.3 M	\$3.4 M	\$8.6 M	\$5.6 M	\$11.9 M	\$7.7 M
\$150 / \$300	\$3.2 M	\$2.1 M	\$6.2 M	\$4.0 M	\$9.5 M	\$6.2 M	\$12.8 M	\$8.3 M
\$200 / \$400	\$4.3 M	\$2.8 M	\$7.2 M	\$4.7 M	\$10.5 M	\$6.8 M	\$13.8 M	\$9.0 M
\$250 / \$500	\$5.2 M	\$3.4 M	\$8.0 M	\$5.2 M	\$11.3 M	\$7.3 M	\$14.6 M	\$9.5 M
\$500 / \$1000	\$9.2 M	\$6.0 M	\$11.6 M	\$7.5 M	\$14.9 M	\$9.6 M	\$18.1 M	\$11.8 M

- Note: savings from adding deductibles are partially offset by a reduction in premium revenue since employee/pensioner contributions are a percentage of plan premium
- Expected FY18 active/pre-65 retiree premium cost share is 10.6%²; increases shown above moves cost sharing in the direction towards market norms

¹ Splits calculated using GHIP group percentages based on Truven census and actual Fiscal Year 2016 Premium Contributions and Revenue as reported by OMB Financial Operations/PHRST

² Based on expected enrollment used to develop FY18 budget; reflects final TPA RFP decisions and anticipated migration

Employees with flex credit offsets - actives

FY17 Active Health Plan Enrollments with State Share as of April 1, 2017							
Benefit Plan Description	Department Grouping						Grand Total
	01-77, DOE		Higher Education		Schools		
Aetna CDH Gold Total	170	1%	44	3%	129	1%	343
Aetna HMO Total	1,050	8%	137	8%	767	5%	1,954
Aetna DSS HMO Total	14	0%	2	0%	19	0%	35
Highmark DE CDH Gold Total	584	4%	112	7%	456	3%	1,152
Highmark DE DSS CDH Gold Total	3	0%			9	0%	12
Highmark DE First State Basic Total	615	5%	54	3%	272	2%	941
Highmark DE DSS FSTB Total	1	0%			1	0%	2
Highmark DE IPA/HMO Total	5,876	44%	486	30%	3,480	22%	9,842
Highmark DE DSS IPA/HMO Total	151	1%	19	1%	142	1%	312
Highmark DE PPO Total	4,169	31%	689	43%	9,988	62%	14,846
Highmark DE DSS PPO Total	629	5%	74	5%	833	5%	1,536
Total	13,262	100%	1,617	100%	16,096	100%	30,975

Schools & Higher Ed Flex Credits - FY17			
100% EE Share offset via Flex Credits	7,677		43.5%
Partial EE Share offset via Flex Credits	5,352		30.3%
No Flex Credit offset	4,620		26.2%
Total EEs Enrolled in Health Plan (Feb 17)	17,649		100.0%

*Milford to offer Partial 7/1/17 Increasing Partial to 32.6% and 76% EE receiving Flex Credits toward healthcare premiums

Employees with flex credit offsets - pensioners

FY17 non-Medicare Pensioner Health Plan Enrollments as of February 2017									
Benefit Plan Description	Percentage of State Share Grouping								Grand Total
	100%		75%		50%		0%		
Aetna CDH Gold Total	22	0%	5	2%	1	1%			28
Aetna DSS CDH Gold Total	1	0%							1
Aetna HMO Total	405	8%	14	6%					419
Aetna DSS HMO Total	3	0%							3
Highmark DE CDH Gold Total	74	1%	11	4%	6	7%	1	2%	92
Highmark DE DSS CDH Gold Total	1	0%					9	20%	10
Highmark DE First State Basic Total	53	1%	7	3%	5	6%	2	5%	67
Highmark DE DSS FSTB Total	1	0%							1
Highmark DE IPA/HMO Total	1,564	31%	94	38%	27	32%	11	25%	1,696
Highmark DE DSS IPA/HMO Total	78	2%							78
Highmark DE PPO Total	2,409	48%	117	47%	46	54%	21	48%	2,593
Highmark DE DSS PPO Total	389	8%							389
Total	5,000	100%	248	100%	85	100%	44	100%	5,377

Combination design/cost sharing scenarios – employee impact

- The table below illustrates FY18 employee/pensioner annual contribution as a percent of pay, based on current contribution levels and for each the plan design and cost sharing alternatives under consideration
 - Illustrated for sample employees earning \$25,000 and \$50,000 annually

Annual Payroll Contribution as % of Pay ¹	Employee earning \$25,000 annually				Employee earning \$50,000 annually			
	Status Quo	Cost Share Increase			Status Quo	Cost Share Increase		
		+1%	+2%	+3%		+1%	+2%	+3%
HMO - Employee Only								
Current Plan Design	2.3%	2.5%	2.7%	2.9%	1.1%	1.2%	1.3%	1.5%
\$50 Deductible	2.3%	2.5%	2.7%	2.9%	1.1%	1.2%	1.3%	1.5%
\$500 Deductible	2.2%	2.4%	2.7%	2.9%	1.1%	1.2%	1.3%	1.4%
HMO - Family								
Current Plan Design	6.0%	6.5%	7.1%	7.6%	3.0%	3.3%	3.5%	3.8%
\$50 Deductible	5.9%	6.5%	7.1%	7.6%	3.0%	3.3%	3.5%	3.8%
\$500 Deductible	5.9%	6.4%	7.0%	7.5%	2.9%	3.2%	3.5%	3.8%
PPO - Family								
Current Plan Design	13.1%	14.3%	15.6%	16.8%	6.5%	7.2%	7.8%	8.4%
\$50 Deductible	13.1%	14.3%	15.5%	16.8%	6.5%	7.2%	7.8%	8.4%
\$500 Deductible	12.9%	14.2%	15.4%	16.6%	6.5%	7.1%	7.7%	8.3%
PPO – Employee Only								
Current Plan Design	5.0%	5.5%	6.0%	6.5%	2.5%	2.8%	3.0%	3.2%
\$50 Deductible	5.0%	5.5%	6.0%	6.5%	2.5%	2.8%	3.0%	3.2%
\$500 Deductible	5.0%	5.5%	5.9%	6.4%	2.5%	2.7%	3.0%	3.2%

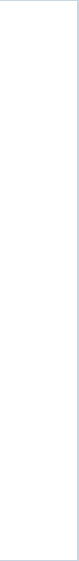
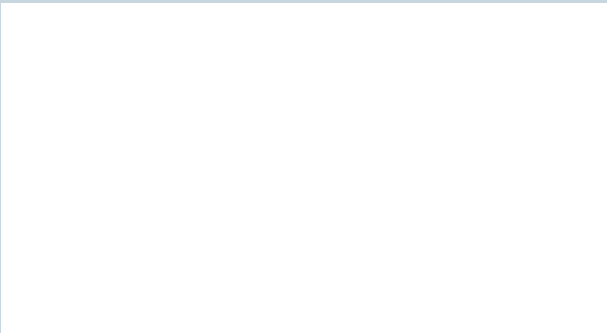
¹ Reflects payroll contribution only; does not reflect out-of-pocket expense.

ESI High Cost Generic Member Impact

- Express Scripts (ESI) has developed a new formulary tier available to the State's EGWP population for Non-Preferred Drugs (NPD)
 - Potential savings of up to \$152,600 per year if all generic NPD are shifted into a non-preferred drug tier
- Below are additional details on the cost impact to members
- There are other lower cost drug options available for the affected drug classes
 - An appeal process exists for members who need to remain on a generic NPD for a medical reason, which would allow them to continue pay for that drug at a lower generic copay

Drug Clinical Category	# Scripts Affected	% Total Scripts	# Members Affected
Skin Conditions	762	23%	496
High Blood Pressure/Heart Disease	652	20%	190
Diabetes	501	15%	166
Pain/Inflammation	446	13%	194
Skin Infections	311	9%	213
Nausea/Vomiting	163	5%	58
Mental/Neuro Disorders	139	4%	32
Parkinson's Disease	80	2%	12
Infections	60	2%	42
Attention Disorders	48	1%	11
All Other Drug Clinical Categories	165	5%	n/a
Grand Total	3,327	100%	
Unique Count of Affected Members			1,399

Next Steps

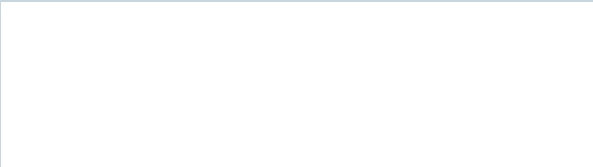
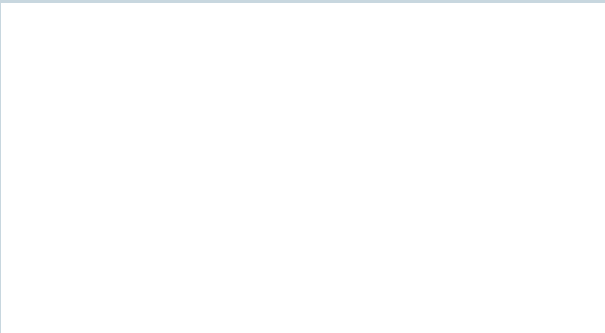


Next Steps

- Items to discuss at upcoming 5/8 SEBC meeting
 - Recap of State Employees Health Plan Task Force Report
 - Recommendations for changes to benefits for Medicare eligible retirees (changes effective 1/1/2018)
 - Recommendations for changes to benefits for active and pre-65 retiree populations (changes effective 1/1/2018)
 - Discuss Highmark Diabetes Prevention Program
 - Vote on ESI high cost generic change

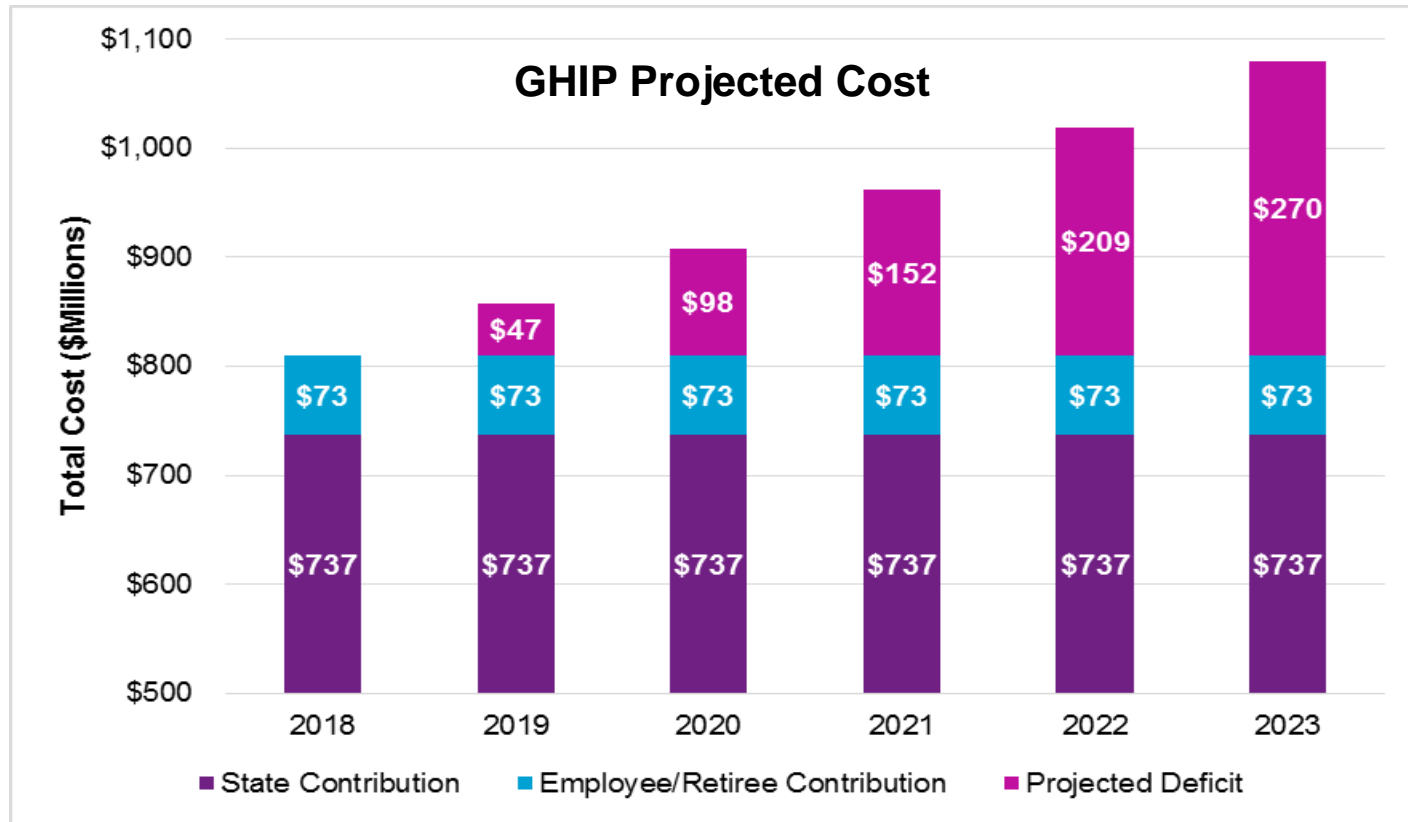
- Items to discuss at 6/26 SEBC meeting
 - Overview of FY12-FY17 annual revenues and expenditures
 - Review 3Q2017 Financial Report
 - Review April 2017 Fund Equity Report
 - Review FY18 Annualized Budget
 - Vote on potential plan changes for Medicare retirees to be implemented 1/1/2018

Appendix



Long term health care cost projections

Long-term cost projections of the Group Health Insurance Plan, at intermediate trend value of 6%, with no increase in state or employee/retiree contributions factored in for 2018 forward (assuming no program changes)



Note: FY18 budget projections assume no change to FY17 rates, and enrollment as of December 2016.
FY19 and beyond costs projected assuming 6% annual health care trend and no further program changes.

Calendar of GHIP tactics – CY2017

Goals:

- Addition of at least net 1 VBCD model by end of FY2018
- Reduction of gross GHIP trend by 2% by end of FY2020
- ▲ Enrollment in a CDHP or value-based plan >25% by end of FY2020

Tactics to support GHIP strategic framework	GHIP Goals	Fiscal Year 2017						Fiscal Year 2018					
		Calendar Year 2017											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
FY2018 Program Changes													
Evaluate changes to steer members toward VBCD models*	■ ○ ▲												
Evaluate clinical data to support plan design changes and value-based chronic disease programs	■												
Evaluate feasibility of reducing plan options and/or replacing copays with coinsurance	○												
Evaluate incentive opportunities	○												
Change certain plan inequities (double state share, Medicaid subsidy)	○												
State-sponsored Health Clinic RFI	■												
FY2019 Program Changes													
Continue to evaluate opportunities with the DCHI and DHIN to partner on promotion of value based networks (including APCD initiative)	■												
Continue to evaluate opportunities to partner and encourage participation in VBCD models using outside vendors (including Truven), TPAs and DelaWELL	■												
Explore avenues for building “culture of health” statewide	○												
Evaluate and implement medical TPA programs to manage utilization and cost, where necessary (i.e., tiered lab pricing)	○												
Evaluate additional plan changes to steer members toward VBCD models	■ ○ ▲												

■ Activity period ▨ Activity if opportunities are identified or if time/bandwidth permits

* This category encompasses many activities driven by medical TPA RFP (as noted by star icons on previous page)

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Calendar of GHIP tactics – CY2017


Goals:

- Addition of at least net 1 VBCD model by end of FY2018
- Reduction of gross GHIP trend by 2% by end of FY2020
- ▲ Enrollment in a CDHP or value-based plan >25% by end of FY2020

Tactics to support GHIP strategic framework	GHIP Goals	Fiscal Year 2017						Fiscal Year 2018					
		Calendar Year 2017											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Communications / Decision Support													
Ongoing communications on:													
• Medical TPAs' provider cost/quality transparency tools	■												
• Importance of preventive care and the State's preventive care benefits	○												
• Lower cost alternatives to the emergency room	○												
• Continued promotion of consumerism website and online course	▲												
Educate GHIP population on other provider quality tools from CMS, Health Grades, Leapfrog, etc.	■												
Offer a medical plan selection decision support tool (e.g., Truven's "My Benefits Mentor" tool)	▲												
Administered by the SBO													
Implement PRC recommendations from medical TPA RFP that were approved by the SEBC for FY2018	■ ○ ▲												
Negotiate strong financial performance guarantees with medical TPAs	○												
Execute communication campaign topics noted above	■ ○ ▲												

Activity period Activity if opportunities are identified or if time/bandwidth permits

Employer compliance efforts have been focused on HIPAA and ACA nondiscrimination rules (currently effective)

Type of Wellness Program	Health-contingent	Participatory
Program requirements	<ol style="list-style-type: none"> 1. Individuals must have the opportunity to qualify for full reward at least once per year 2. Reward cannot exceed incentive limits 3. The program must be designed to promote health or prevent disease 4. Notice to employees (sample available) 5. Available to similarly situated individuals and reasonable alternative standards offered 	Must be available to all similarly situated individuals
Incentive limit 	30% of tier of coverage if dependents can participate, otherwise 30% of self-only coverage (up to 50% for tobacco programs)	No limit
HIPAA (2006)	Prohibits health status discrimination, but permits incentive-based wellness programs if certain rules are met	
ACA (2013)	Increased the incentive limits	

On May 16, 2016, the EEOC issued final ADA and GINA regulations impacting employer-sponsored wellness programs

Final rules under Title I of the Americans with Disabilities Act (ADA)

- The ADA rules provide guidance on the extent to which employers may use incentives to encourage employees to participate in wellness programs that ask them to respond to disability-related inquiries and/or undergo medical examinations.

Final rules under Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)

- The GINA rules address the extent to which an employer may offer an incentive to an employee to provide information about the health of the employee's spouse as part of a health risk assessment (HRA) administered as part of a wellness program.

The EEOC's rules are not in alignment with HIPAA and ACA rules.

Review of wellness programs is required to ensure compliance with all regulations.

Final notice requirements and rules apply to plan years beginning on/after January 1, 2017

Wellness programs: impact of ADA

Generally effective for plan years beginning 1/1/17

When it applies

- If a wellness program provides incentives for disability-related inquiries or requires medical examinations of an employee, such as health risk assessments (HRAs) or biometric screenings, regardless of whether they are participatory-only or health-contingent
- Wellness programs that are a part of a group health plan or stand alone

To comply

If a wellness program provides incentives for disability-related inquiries or requires a medical exam, the program must:

1. Be **“reasonably designed”** to promote health or prevent disease
2. Be **“voluntary”**
 - May not require employees to participate in the program
 - May not deny coverage or enrollment under any group health plan to employees for non-participation or limit the extent of benefits (such as plan options which require HRAs or screenings)
 - May not exceed incentive limits
 - May not take any adverse action, retaliate against, or coerce employees who choose not to participate
 - Must satisfy notice requirement
3. **Meet confidentiality requirements**

Incentives

- Limit = 30% of self-only coverage (tobacco included, if testing required)
- Not limited to financial incentives and may also be in-kind (e.g., time-off awards, prizes, and other items of value)

Wellness programs: impact of GINA

Generally effective for plan years beginning 1/1/17

When it applies	<ul style="list-style-type: none">▪ If a wellness program offers incentives to an employee for the spouse's disclosure of his or her past or current health status (e.g., health risk assessment, biometric screening, health exam), regardless of whether they are participatory-only or health contingent▪ Wellness programs that are a part of a group health plan or stand alone
To comply	<ol style="list-style-type: none">1. Be "reasonably designed" to promote health or prevent disease2. Not exceed incentive limits3. Not deny access to group health plan coverage solely for failure to complete an HRA or biometric screening4. Not provide financial incentive for spouse to provide his or her own genetic information, including genetic tests5. No incentive permitted for children's medical history, but participation permissible6. Require spouse to provide prior knowing, voluntary, and written authorization when sharing genetic information7. Not condition receipt of incentive on waiver of confidentiality protections <p><i>* Note: tobacco programs are not subject to GINA (regardless of testing requirements)</i></p>
Incentives	<ul style="list-style-type: none">▪ Limit = 30% of self-only coverage (tobacco NOT included, regardless of testing requirements)▪ Not limited to financial incentives and may also be in-kind (e.g., time-off awards, prizes, and other items of value)

Wellness program compliance — example summary for 2017+

Common incentive program examples

Program for Employees and Spouses	HIPAA/ACA	ADA	GINA
Tobacco surcharge, no nicotine screening required	✓ (incentive up to 50% of the total cost of coverage in which the employee and spouse are enrolled)	✓ (reasonable accommodation only)	GINA does not apply
Tobacco surcharge, nicotine screening required	✓ (incentive up to 50% of the total cost of coverage in which the employee and spouse are enrolled)	✓ (incentive up to 30% of the total cost of employee-only coverage)	GINA does not apply
Complete HRA and/or biometric screenings (not outcomes based)	✓ (no incentive limit because participatory only)	✓ (incentive up to 30% of the total cost of employee-only coverage)	✓ (incentive up to 30% of the total cost of employee-only coverage; additive to ADA limit)
Nutrition class attendance	✓ (no incentive limit because participatory only)	✓ (reasonable accommodation only)	GINA does not apply
Walking program with step/distance requirement	✓ (incentive up to 30% applies only to health contingent programs)	✓ (reasonable accommodation only)	GINA does not apply

Even a minor change to a wellness program can impact compliance

✓ Indicates rules apply

Plan design & contribution change rates

\$50 / \$100 Deductible Scenario

Deductible Scenario: \$50 / \$100	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$666.48	\$27.77	-\$0.07	\$663.86	\$30.39	\$2.55	\$661.24	\$33.01	\$5.17	\$658.62	\$35.63	\$7.79
EE & Spouse	\$1,381.16	\$57.52	\$1,378.93	\$57.46	-\$0.06	\$1,373.51	\$62.88	\$5.36	\$1,368.09	\$68.30	\$10.78	\$1,362.67	\$73.72	\$16.20
EE & Child(ren)	\$1,014.76	\$42.26	\$1,013.12	\$42.21	-\$0.05	\$1,009.14	\$46.20	\$3.94	\$1,005.16	\$50.18	\$7.92	\$1,001.17	\$54.16	\$11.90
Family	\$1,726.50	\$71.92	\$1,723.73	\$71.82	-\$0.10	\$1,716.95	\$78.60	\$6.68	\$1,710.18	\$85.37	\$13.45	\$1,703.40	\$92.15	\$20.23
CDH Gold														
EE	\$683.70	\$35.98	\$682.61	\$35.93	-\$0.05	\$679.22	\$39.32	\$3.34	\$675.83	\$42.71	\$6.73	\$672.44	\$46.09	\$10.11
EE & Spouse	\$1,417.64	\$74.58	\$1,415.35	\$74.49	-\$0.09	\$1,408.32	\$81.52	\$6.94	\$1,401.29	\$88.55	\$13.97	\$1,394.26	\$95.57	\$20.99
EE & Child(ren)	\$1,044.60	\$54.96	\$1,042.91	\$54.89	-\$0.07	\$1,037.74	\$60.07	\$5.11	\$1,032.56	\$65.25	\$10.29	\$1,027.38	\$70.43	\$15.47
Family	\$1,800.96	\$94.78	\$1,798.08	\$94.64	-\$0.14	\$1,789.15	\$103.56	\$8.78	\$1,780.22	\$112.49	\$17.71	\$1,771.30	\$121.42	\$26.64
HMO														
EE	\$678.78	\$47.16	\$677.67	\$47.11	-\$0.05	\$673.23	\$51.56	\$4.40	\$668.78	\$56.00	\$8.84	\$664.34	\$60.44	\$13.28
EE & Spouse	\$1,431.08	\$99.50	\$1,428.81	\$99.33	-\$0.17	\$1,419.44	\$108.70	\$9.20	\$1,410.07	\$118.07	\$18.57	\$1,400.70	\$127.44	\$27.94
EE & Child(ren)	\$1,038.34	\$72.18	\$1,036.68	\$72.07	-\$0.11	\$1,029.88	\$78.87	\$6.69	\$1,023.08	\$85.67	\$13.49	\$1,016.28	\$92.47	\$20.29
Family	\$1,785.70	\$124.12	\$1,782.83	\$123.94	-\$0.18	\$1,771.14	\$135.63	\$11.51	\$1,782.83	\$147.32	\$23.20	\$1,747.75	\$159.02	\$34.90
PPO														
EE	\$688.68	\$105.18	\$687.58	\$105.02	-\$0.16	\$677.67	\$114.93	\$9.75	\$667.76	\$124.83	\$19.65	\$657.85	\$134.74	\$29.56
EE & Spouse	\$1,429.08	\$218.26	\$1,426.79	\$217.92	-\$0.34	\$1,406.23	\$238.48	\$20.22	\$1,385.67	\$259.04	\$40.78	\$1,365.11	\$279.60	\$61.34
EE & Child(ren)	\$1,061.38	\$162.08	\$1,059.66	\$161.85	-\$0.23	\$1,044.39	\$177.12	\$15.04	\$1,029.12	\$192.39	\$30.31	\$1,013.85	\$207.66	\$45.58
Family	\$1,786.54	\$272.86	\$1,783.68	\$272.43	-\$0.43	\$1,757.98	\$298.14	\$25.28	\$1,732.28	\$323.84	\$50.98	\$1,706.58	\$349.54	\$76.68
POS														
EE	\$601.74	\$0.00	\$600.78	\$0.00	\$0.00	\$600.78	\$0.00	\$0.00	\$600.78	\$0.00	\$0.00	\$600.78	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,488.20	\$0.00	\$0.00	\$1,488.20	\$0.00	\$0.00	\$1,488.20	\$0.00	\$0.00	\$1,488.20	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$904.13	\$0.00	\$0.00	\$904.13	\$0.00	\$0.00	\$904.13	\$0.00	\$0.00	\$904.13	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,503.00	\$0.00	\$0.00	\$1,503.00	\$0.00	\$0.00	\$1,503.00	\$0.00	\$0.00	\$1,503.00	\$0.00	\$0.00

Plan design & contribution change rates

\$100 / \$200 Deductible Scenario

Deductible Scenario: \$100 / \$200	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$665.57	\$27.73	-\$0.11	\$662.96	\$30.35	\$2.51	\$660.34	\$32.96	\$5.12	\$657.72	\$35.58	\$7.74
EE & Spouse	\$1,381.16	\$57.52	\$1,377.05	\$57.38	-\$0.14	\$1,371.64	\$62.79	\$5.27	\$1,366.22	\$68.20	\$10.68	\$1,360.81	\$73.62	\$16.10
EE & Child(ren)	\$1,014.76	\$42.26	\$1,011.74	\$42.16	-\$0.10	\$1,007.76	\$46.13	\$3.87	\$1,003.79	\$50.11	\$7.85	\$999.81	\$54.09	\$11.83
Family	\$1,726.50	\$71.92	\$1,721.38	\$71.72	-\$0.20	\$1,714.61	\$78.49	\$6.57	\$1,707.85	\$85.26	\$13.34	\$1,701.08	\$92.02	\$20.10
CDH Gold														
EE	\$683.70	\$35.98	\$681.68	\$35.88	-\$0.10	\$678.29	\$39.26	\$3.28	\$674.91	\$42.65	\$6.67	\$671.52	\$46.03	\$10.05
EE & Spouse	\$1,417.64	\$74.58	\$1,413.42	\$74.39	-\$0.19	\$1,406.40	\$81.41	\$6.83	\$1,399.38	\$88.43	\$13.85	\$1,392.36	\$95.44	\$20.86
EE & Child(ren)	\$1,044.60	\$54.96	\$1,041.49	\$54.82	-\$0.14	\$1,036.32	\$59.99	\$5.03	\$1,031.15	\$65.16	\$10.20	\$1,025.98	\$70.33	\$15.37
Family	\$1,800.96	\$94.78	\$1,795.63	\$94.51	-\$0.27	\$1,786.71	\$103.42	\$8.64	\$1,777.80	\$112.34	\$17.56	\$1,768.88	\$121.25	\$26.47
HMO														
EE	\$678.78	\$47.16	\$676.75	\$47.05	-\$0.11	\$672.31	\$51.48	\$4.32	\$667.87	\$55.92	\$8.76	\$663.43	\$60.36	\$13.20
EE & Spouse	\$1,431.08	\$99.50	\$1,426.86	\$99.19	-\$0.31	\$1,417.50	\$108.55	\$9.05	\$1,408.15	\$117.91	\$18.41	\$1,398.79	\$127.27	\$27.77
EE & Child(ren)	\$1,038.34	\$72.18	\$1,035.27	\$71.97	-\$0.21	\$1,028.48	\$78.76	\$6.58	\$1,021.69	\$85.55	\$13.37	\$1,014.90	\$92.34	\$20.16
Family	\$1,785.70	\$124.12	\$1,780.40	\$123.77	-\$0.35	\$1,768.73	\$135.45	\$11.33	\$1,757.05	\$147.12	\$23.00	\$1,745.37	\$158.80	\$34.68
PPO														
EE	\$688.68	\$105.18	\$686.64	\$104.88	-\$0.30	\$676.74	\$114.77	\$9.59	\$666.85	\$124.66	\$19.48	\$656.96	\$134.56	\$29.38
EE & Spouse	\$1,429.08	\$218.26	\$1,424.84	\$217.63	-\$0.63	\$1,404.31	\$238.16	\$19.90	\$1,383.78	\$258.69	\$40.43	\$1,363.25	\$279.22	\$60.96
EE & Child(ren)	\$1,061.38	\$162.08	\$1,058.21	\$161.63	-\$0.45	\$1,042.97	\$176.88	\$14.80	\$1,027.72	\$192.12	\$30.04	\$1,012.47	\$207.37	\$45.29
Family	\$1,786.54	\$272.86	\$1,781.25	\$272.06	-\$0.80	\$1,755.58	\$297.73	\$24.87	\$1,729.92	\$323.40	\$50.54	\$1,704.25	\$349.06	\$76.20
POS														
EE	\$601.74	\$0.00	\$599.96	\$0.00	\$0.00	\$599.96	\$0.00	\$0.00	\$599.96	\$0.00	\$0.00	\$599.96	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,486.17	\$0.00	\$0.00	\$1,486.17	\$0.00	\$0.00	\$1,486.17	\$0.00	\$0.00	\$1,486.17	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$902.90	\$0.00	\$0.00	\$902.90	\$0.00	\$0.00	\$902.90	\$0.00	\$0.00	\$902.90	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,500.95	\$0.00	\$0.00	\$1,500.95	\$0.00	\$0.00	\$1,500.95	\$0.00	\$0.00	\$1,500.95	\$0.00	\$0.00

Plan design & contribution change rates

\$150 / \$300 Deductible Scenario

Deductible Scenario: \$150 / \$300	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$664.62	\$27.69	-\$0.15	\$662.00	\$30.30	\$2.46	\$659.39	\$32.92	\$5.08	\$656.78	\$35.53	\$7.69
EE & Spouse	\$1,381.16	\$57.52	\$1,375.07	\$57.29	-\$0.23	\$1,369.67	\$62.70	\$5.18	\$1,364.26	\$68.11	\$10.59	\$1,358.86	\$73.51	\$15.99
EE & Child(ren)	\$1,014.76	\$42.26	\$1,010.29	\$42.10	-\$0.16	\$1,006.32	\$46.07	\$3.81	\$1,002.34	\$50.04	\$7.78	\$998.37	\$54.01	\$11.75
Family	\$1,726.50	\$71.92	\$1,718.91	\$71.62	-\$0.30	\$1,712.15	\$78.38	\$6.46	\$1,705.39	\$85.13	\$13.21	\$1,698.64	\$91.89	\$19.97
CDH Gold														
EE	\$683.70	\$35.98	\$680.70	\$35.83	-\$0.15	\$677.32	\$39.21	\$3.23	\$673.94	\$42.59	\$6.61	\$670.56	\$45.97	\$9.99
EE & Spouse	\$1,417.64	\$74.58	\$1,411.39	\$74.28	-\$0.30	\$1,404.38	\$81.29	\$6.71	\$1,397.37	\$88.30	\$13.72	\$1,390.36	\$95.31	\$20.73
EE & Child(ren)	\$1,044.60	\$54.96	\$1,040.00	\$54.74	-\$0.22	\$1,034.83	\$59.90	\$4.94	\$1,029.67	\$65.06	\$10.10	\$1,024.51	\$70.23	\$15.27
Family	\$1,800.96	\$94.78	\$1,793.05	\$94.37	-\$0.41	\$1,784.15	\$103.27	\$8.49	\$1,775.24	\$112.18	\$17.40	\$1,766.34	\$121.08	\$26.30
HMO														
EE	\$678.78	\$47.16	\$675.78	\$46.98	-\$0.18	\$671.34	\$51.41	\$4.25	\$666.91	\$55.84	\$8.68	\$662.48	\$60.27	\$13.11
EE & Spouse	\$1,431.08	\$99.50	\$1,424.81	\$99.05	-\$0.45	\$1,415.47	\$108.40	\$8.90	\$1,406.12	\$117.74	\$18.24	\$1,396.78	\$127.08	\$27.58
EE & Child(ren)	\$1,038.34	\$72.18	\$1,033.78	\$71.87	-\$0.31	\$1,027.00	\$78.65	\$6.47	\$1,020.22	\$85.43	\$13.25	\$1,013.44	\$92.21	\$20.03
Family	\$1,785.70	\$124.12	\$1,777.85	\$123.59	-\$0.53	\$1,766.19	\$135.25	\$11.13	\$1,754.53	\$146.91	\$22.79	\$1,742.87	\$158.57	\$34.45
PPO														
EE	\$688.68	\$105.18	\$685.65	\$104.73	-\$0.45	\$675.77	\$114.61	\$9.43	\$665.89	\$124.48	\$19.30	\$656.01	\$134.36	\$29.18
EE & Spouse	\$1,429.08	\$218.26	\$1,422.80	\$217.31	-\$0.95	\$1,402.29	\$237.82	\$19.56	\$1,381.79	\$258.32	\$40.06	\$1,361.29	\$278.82	\$60.56
EE & Child(ren)	\$1,061.38	\$162.08	\$1,056.69	\$161.40	-\$0.68	\$1,041.47	\$176.62	\$14.54	\$1,026.24	\$191.85	\$29.77	\$1,011.02	\$207.08	\$45.00
Family	\$1,786.54	\$272.86	\$1,778.69	\$271.67	-\$1.19	\$1,753.06	\$297.30	\$24.44	\$1,727.43	\$322.93	\$50.07	\$1,701.80	\$348.56	\$75.70
POS														
EE	\$601.74	\$0.00	\$599.10	\$0.00	\$0.00	\$599.10	\$0.00	\$0.00	\$599.10	\$0.00	\$0.00	\$599.10	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,484.04	\$0.00	\$0.00	\$1,484.04	\$0.00	\$0.00	\$1,484.04	\$0.00	\$0.00	\$1,484.04	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$901.61	\$0.00	\$0.00	\$901.61	\$0.00	\$0.00	\$901.61	\$0.00	\$0.00	\$901.61	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,498.79	\$0.00	\$0.00	\$1,498.79	\$0.00	\$0.00	\$1,498.79	\$0.00	\$0.00	\$1,498.79	\$0.00	\$0.00

Plan design & contribution change rates

\$200 / \$400 Deductible Scenario

Deductible Scenario: \$200 / \$400	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$663.55	\$27.65	-\$0.19	\$660.94	\$30.26	\$2.42	\$658.33	\$32.86	\$5.02	\$655.73	\$35.47	\$7.63
EE & Spouse	\$1,381.16	\$57.52	\$1,372.87	\$57.20	-\$0.32	\$1,367.47	\$62.60	\$5.08	\$1,362.08	\$68.00	\$10.48	\$1,356.68	\$73.39	\$15.87
EE & Child(ren)	\$1,014.76	\$42.26	\$1,008.67	\$42.03	-\$0.23	\$1,004.70	\$45.99	\$3.73	\$1,000.74	\$49.96	\$7.70	\$996.77	\$53.92	\$11.66
Family	\$1,726.50	\$71.92	\$1,716.15	\$71.51	-\$0.41	\$1,709.41	\$78.25	\$6.33	\$1,702.66	\$85.00	\$13.08	\$1,695.91	\$91.74	\$19.82
CDH Gold														
EE	\$683.70	\$35.98	\$679.60	\$35.77	-\$0.21	\$676.23	\$39.14	\$3.16	\$672.86	\$42.52	\$6.54	\$669.48	\$45.89	\$9.91
EE & Spouse	\$1,417.64	\$74.58	\$1,409.13	\$74.16	-\$0.42	\$1,402.13	\$81.16	\$6.58	\$1,395.13	\$88.16	\$13.58	\$1,388.14	\$95.15	\$20.57
EE & Child(ren)	\$1,044.60	\$54.96	\$1,038.33	\$54.65	-\$0.31	\$1,033.18	\$59.80	\$4.84	\$1,028.02	\$64.96	\$10.00	\$1,022.86	\$70.12	\$15.16
Family	\$1,800.96	\$94.78	\$1,790.18	\$94.22	-\$0.56	\$1,781.29	\$103.11	\$8.33	\$1,772.40	\$112.00	\$17.22	\$1,763.51	\$120.89	\$26.11
HMO														
EE	\$678.78	\$47.16	\$674.69	\$46.90	-\$0.26	\$670.27	\$51.33	\$4.17	\$665.84	\$55.75	\$8.59	\$661.42	\$60.18	\$13.02
EE & Spouse	\$1,431.08	\$99.50	\$1,422.53	\$98.89	-\$0.61	\$1,413.20	\$108.22	\$8.72	\$1,403.87	\$117.55	\$18.05	\$1,394.54	\$126.88	\$27.38
EE & Child(ren)	\$1,038.34	\$72.18	\$1,032.12	\$71.75	-\$0.43	\$1,025.35	\$78.52	\$6.34	\$1,018.58	\$85.29	\$13.11	\$1,011.82	\$92.06	\$19.88
Family	\$1,785.70	\$124.12	\$1,775.00	\$123.40	-\$0.72	\$1,763.36	\$135.04	\$10.92	\$1,751.71	\$146.68	\$22.56	\$1,740.07	\$158.32	\$34.20
PPO														
EE	\$688.68	\$105.18	\$684.55	\$104.56	-\$0.62	\$674.69	\$114.42	\$9.24	\$664.82	\$124.28	\$19.10	\$654.96	\$134.15	\$28.97
EE & Spouse	\$1,429.08	\$218.26	\$1,420.52	\$216.97	-\$1.29	\$1,400.05	\$237.43	\$19.17	\$1,379.58	\$257.90	\$39.64	\$1,359.11	\$278.37	\$60.11
EE & Child(ren)	\$1,061.38	\$162.08	\$1,055.00	\$161.14	-\$0.94	\$1,039.80	\$176.34	\$14.26	\$1,024.60	\$191.54	\$29.46	\$1,009.39	\$206.74	\$44.66
Family	\$1,786.54	\$272.86	\$1,775.84	\$271.24	-\$1.62	\$1,750.25	\$296.83	\$23.97	\$1,724.66	\$322.42	\$49.56	\$1,699.07	\$348.00	\$75.14
POS														
EE	\$601.74	\$0.00	\$598.14	\$0.00	\$0.00	\$598.14	\$0.00	\$0.00	\$598.14	\$0.00	\$0.00	\$598.14	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,481.66	\$0.00	\$0.00	\$1,481.66	\$0.00	\$0.00	\$1,481.66	\$0.00	\$0.00	\$1,481.66	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$900.16	\$0.00	\$0.00	\$900.16	\$0.00	\$0.00	\$900.16	\$0.00	\$0.00	\$900.16	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,496.39	\$0.00	\$0.00	\$1,496.39	\$0.00	\$0.00	\$1,496.39	\$0.00	\$0.00	\$1,496.39	\$0.00	\$0.00

Plan design & contribution change rates

\$250 / \$500 Deductible Scenario

Deductible Scenario: \$250 / \$500	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$662.75	\$27.61	-\$0.23	\$660.15	\$30.22	\$2.38	\$657.54	\$32.83	\$4.99	\$654.94	\$35.43	\$7.59
EE & Spouse	\$1,381.16	\$57.52	\$1,371.21	\$57.13	-\$0.39	\$1,365.82	\$62.52	\$5.00	\$1,360.43	\$67.91	\$10.39	\$1,355.04	\$73.30	\$15.78
EE & Child(ren)	\$1,014.76	\$42.26	\$1,007.45	\$41.98	-\$0.28	\$1,003.49	\$45.94	\$3.68	\$999.53	\$49.90	\$7.64	\$995.57	\$53.86	\$11.60
Family	\$1,726.50	\$71.92	\$1,714.09	\$71.42	-\$0.50	\$1,707.35	\$78.16	\$6.24	\$1,700.61	\$84.90	\$12.98	\$1,693.87	\$91.63	\$19.71
CDH Gold														
EE	\$683.70	\$35.98	\$678.79	\$35.73	-\$0.25	\$675.42	\$39.10	\$3.12	\$672.05	\$42.47	\$6.49	\$668.68	\$45.84	\$9.86
EE & Spouse	\$1,417.64	\$74.58	\$1,407.43	\$74.08	-\$0.50	\$1,400.44	\$81.06	\$6.48	\$1,393.45	\$88.05	\$13.47	\$1,386.46	\$95.04	\$20.46
EE & Child(ren)	\$1,044.60	\$54.96	\$1,037.08	\$54.58	-\$0.38	\$1,031.93	\$59.73	\$4.77	\$1,026.78	\$64.88	\$9.92	\$1,021.63	\$70.03	\$15.07
Family	\$1,800.96	\$94.78	\$1,788.02	\$94.11	-\$0.67	\$1,779.14	\$102.98	\$8.20	\$1,770.26	\$111.86	\$17.08	\$1,761.39	\$120.74	\$25.96
HMO														
EE	\$678.78	\$47.16	\$673.88	\$46.85	-\$0.31	\$669.46	\$51.27	\$4.11	\$665.04	\$55.69	\$8.53	\$660.62	\$60.11	\$12.95
EE & Spouse	\$1,431.08	\$99.50	\$1,420.82	\$98.77	-\$0.73	\$1,411.50	\$108.09	\$8.59	\$1,402.18	\$117.41	\$17.91	\$1,392.86	\$126.73	\$27.23
EE & Child(ren)	\$1,038.34	\$72.18	\$1,030.88	\$71.67	-\$0.51	\$1,024.12	\$78.43	\$6.25	\$1,017.36	\$85.19	\$13.01	\$1,010.60	\$91.95	\$19.77
Family	\$1,785.70	\$124.12	\$1,772.86	\$123.25	-\$0.87	\$1,761.23	\$134.87	\$10.75	\$1,749.60	\$146.50	\$22.38	\$1,737.98	\$158.13	\$34.01
PPO														
EE	\$688.68	\$105.18	\$683.73	\$104.43	-\$0.75	\$673.88	\$114.28	\$9.10	\$664.02	\$124.14	\$18.96	\$654.17	\$133.99	\$28.81
EE & Spouse	\$1,429.08	\$218.26	\$1,418.81	\$216.71	-\$1.55	\$1,398.36	\$237.15	\$18.89	\$1,377.92	\$257.59	\$39.33	\$1,357.47	\$278.04	\$59.78
EE & Child(ren)	\$1,061.38	\$162.08	\$1,053.73	\$160.94	-\$1.14	\$1,038.55	\$176.13	\$14.05	\$1,023.36	\$191.31	\$29.23	\$1,008.18	\$206.49	\$44.41
Family	\$1,786.54	\$272.86	\$1,773.70	\$270.91	-\$1.95	\$1,748.14	\$296.47	\$23.61	\$1,722.59	\$322.03	\$49.17	\$1,697.03	\$347.58	\$74.72
POS														
EE	\$601.74	\$0.00	\$597.42	\$0.00	\$0.00	\$597.42	\$0.00	\$0.00	\$597.42	\$0.00	\$0.00	\$597.42	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,479.88	\$0.00	\$0.00	\$1,479.88	\$0.00	\$0.00	\$1,479.88	\$0.00	\$0.00	\$1,479.88	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$899.08	\$0.00	\$0.00	\$899.08	\$0.00	\$0.00	\$899.08	\$0.00	\$0.00	\$899.08	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,494.59	\$0.00	\$0.00	\$1,494.59	\$0.00	\$0.00	\$1,494.59	\$0.00	\$0.00	\$1,494.59	\$0.00	\$0.00

Plan design & contribution change rates

\$500 / \$1,000 Deductible Scenario

Deductible Scenario: \$500 / \$1,000	FY18		Plan Design Change Only			+1% EE Contributions			+2% EE Contributions			+3% EE Contributions		
	State Subsidy	EE Share	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)	State Subsidy	EE Share	\$ Difference (EE)
First State Basic														
EE	\$667.52	\$27.84	\$659.02	\$27.46	-\$0.38	\$656.43	\$30.05	\$2.21	\$653.84	\$32.64	\$4.80	\$651.25	\$35.23	\$7.39
EE & Spouse	\$1,381.16	\$57.52	\$1,363.50	\$56.81	-\$0.71	\$1,358.14	\$62.17	\$4.65	\$1,352.78	\$67.53	\$10.01	\$1,347.42	\$72.89	\$15.37
EE & Child(ren)	\$1,014.76	\$42.26	\$1,001.78	\$41.74	-\$0.52	\$997.85	\$45.68	\$3.42	\$993.91	\$49.62	\$7.36	\$989.97	\$53.55	\$11.29
Family	\$1,726.50	\$71.92	\$1,704.44	\$71.02	-\$0.90	\$1,697.74	\$77.72	\$5.80	\$1,691.04	\$84.42	\$12.50	\$1,684.34	\$91.12	\$19.20
CDH Gold														
EE	\$683.70	\$35.98	\$674.97	\$35.52	-\$0.46	\$671.62	\$38.88	\$2.90	\$668.27	\$42.23	\$6.25	\$664.91	\$45.58	\$9.60
EE & Spouse	\$1,417.64	\$74.58	\$1,399.51	\$73.66	-\$0.92	\$1,392.56	\$80.61	\$6.03	\$1,385.61	\$87.56	\$12.98	\$1,378.67	\$94.51	\$19.93
EE & Child(ren)	\$1,044.60	\$54.96	\$1,031.25	\$54.28	-\$0.68	\$1,026.13	\$59.40	\$4.44	\$1,021.01	\$64.52	\$9.56	\$1,015.89	\$69.64	\$14.68
Family	\$1,800.96	\$94.78	\$1,777.96	\$93.58	-\$1.20	\$1,769.13	\$102.41	\$7.63	\$1,760.31	\$111.23	\$16.45	\$1,751.48	\$120.06	\$25.28
HMO														
EE	\$678.78	\$47.16	\$670.09	\$46.58	-\$0.58	\$665.69	\$50.98	\$3.82	\$661.30	\$55.37	\$8.21	\$656.91	\$59.77	\$12.61
EE & Spouse	\$1,431.08	\$99.50	\$1,412.82	\$98.22	-\$1.28	\$1,403.56	\$107.48	\$7.98	\$1,394.29	\$116.75	\$17.25	\$1,385.03	\$126.02	\$26.52
EE & Child(ren)	\$1,038.34	\$72.18	\$1,025.08	\$71.26	-\$0.92	\$1,018.36	\$77.98	\$5.80	\$1,011.64	\$84.71	\$12.53	\$1,004.91	\$91.43	\$19.25
Family	\$1,785.70	\$124.12	\$1,762.89	\$122.55	-\$1.57	\$1,751.32	\$134.12	\$10.00	\$1,739.76	\$145.68	\$21.56	\$1,728.20	\$157.24	\$33.12
PPO														
EE	\$688.68	\$105.18	\$679.88	\$103.84	-\$1.34	\$670.08	\$113.64	\$8.46	\$660.29	\$123.44	\$18.26	\$650.49	\$133.23	\$28.05
EE & Spouse	\$1,429.08	\$218.26	\$1,410.82	\$215.49	-\$2.77	\$1,390.50	\$235.81	\$17.55	\$1,370.17	\$256.14	\$37.88	\$1,349.84	\$276.47	\$58.21
EE & Child(ren)	\$1,061.38	\$162.08	\$1,047.80	\$160.04	-\$2.04	\$1,032.70	\$175.14	\$13.06	\$1,017.61	\$190.23	\$28.15	\$1,002.51	\$205.33	\$43.25
Family	\$1,786.54	\$272.86	\$1,763.72	\$269.39	-\$3.47	\$1,738.31	\$294.80	\$21.94	\$1,712.89	\$320.21	\$47.35	\$1,687.48	\$345.63	\$72.77
POS														
EE	\$601.74	\$0.00	\$594.06	\$0.00	\$0.00	\$594.06	\$0.00	\$0.00	\$594.06	\$0.00	\$0.00	\$594.06	\$0.00	\$0.00
EE & Spouse	\$1,490.58	\$0.00	\$1,471.55	\$0.00	\$0.00	\$1,471.55	\$0.00	\$0.00	\$1,471.55	\$0.00	\$0.00	\$1,471.55	\$0.00	\$0.00
EE & Child(ren)	\$905.58	\$0.00	\$894.02	\$0.00	\$0.00	\$894.02	\$0.00	\$0.00	\$894.02	\$0.00	\$0.00	\$894.02	\$0.00	\$0.00
Family	\$1,505.40	\$0.00	\$1,486.18	\$0.00	\$0.00	\$1,486.18	\$0.00	\$0.00	\$1,486.18	\$0.00	\$0.00	\$1,486.18	\$0.00	\$0.00